

2611 THW

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Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/858,192
Filing Date	May 14, 2001
First Named Inventor	HODGE, Winston W.
Art Unit	2611
Examiner Name	Koenig, Andrew Y
Attorney Docket Number	Coax 01.005

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client has requested withdrawal, but has not signed or returned a revocation of power of attorney sent to it.

CORRESPONDENCE ADDRESS

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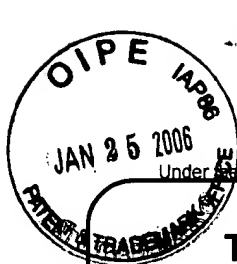
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Winston Hodge				
Address	Coax Corporation 24290 Avenida de Marcia				
City	Yorba Linda	State	CA	Zip	92887
Country	USA				
Telephone	714-692-1144			Email	winstonhodge@adelphia.net
Signature					
Name	Michael A. Kerr		Registration No.	42,722	
Date	January 23, 2006		Telephone No.	775-841-3388	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Virtual Legal, P.C.		
Signature			
Printed name	Michael A. Kerr		
Date	January 23, 2006	Reg. No.	42,722

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Michael A. Kerr	Date	January 23, 2006

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